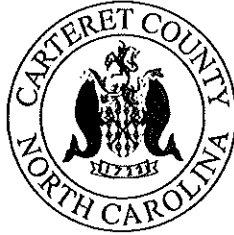


CARTERET COUNTY
CONSOLIDATED HUMAN SERVICES BOARD
Meeting Agenda
October 11, 2021
6:00 P.M
via Zoom

- | | | |
|-------|--|---|
| I. | Meeting Called to Order/Invocation | <i>Cindy Holman</i> |
| II. | Pledge of Allegiance (Please Unmute Yourselves) | <i>All</i> |
| III. | Nominations/Election of Board Chairperson | <i>Cindy Holman</i> |
| IV. | Nominations/Election of Board Vice Chair | <i>Chairperson</i> |
| V. | Adoption of Consent Agenda | <i>Board</i> |
| | A. Approval of September 13, 2021 Consolidated Human Services Board Meeting Minutes | |
| | B. Request to Accept Additional Funding- Supplemental Chaffee Funds (LINKS)- Providing One-Time Supplemental Payments to Former Foster Youth- \$35,000 | |
| | C. Approval of 2021 Consolidated Human Services Board Policy Review | |
| VI. | Adoption of Agenda | <i>Board</i> |
| VII. | Public Comment | |
| VIII. | Introduction of New Board Member, Scott Cobb | <i>Carol Wray</i> |
| IX. | Consolidated Human Services Board Training | <i>Kristi Nickodem, UNC School of Government</i> |
| X. | Health Department Updates | <i>Nina Oliver, Health Department Director</i> |
| XI. | DSS Updates | <i>Jessica Adams, DSS Director</i> |
| XII. | Director's Updates | <i>Cindy Holman, Consolidated Human Services Director</i> |
| XIII. | Old Business | <i>Board</i> |
| XIV. | New Business | <i>Board</i> |
| XV. | Adjournment | <i>Board</i> |

CARTERET COUNTY DEPARTMENT OF HUMAN SERVICES


Cindy P. Holman
Consolidated Human Services Director
cindy.holman@carteretcountync.gov



Jessica G. Adams
DSS Director
Consolidated Human Services Deputy Director
jessica.adams@carteretcountync.gov

Nina M. Oliver, MS
Health Director
Consolidated Human Services Deputy Director
nina.oliver@carteretcountync.gov

To: Carteret County Board of Commissioners

From: Jessica Adams
DSS Director 

Date: September 28th, 2021

Subject: Supplemental Chaffee Funds (LINKS)

The Department of Social Services would like to accept an additional allocation of funds amounting to \$35,000.00 from the State of North Carolina with the explicit purpose of providing one-time supplemental payments to former foster youth that aged out of care from our Department. Funding derives from a 100% Federal grant with no county matching requirement.

We request the Board's approval to accept this additional allocation of revenue and addition to our expenditure budget for these funds. Should you have any questions, please contact me. Copy of the budget amendment and letter from the State are attached.



Department of Social Services — 210 Craven Street • PO Box 779 • Beaufort, NC 28516
Tel (252) 728-3181 / Main Fax (252) 648-7462 / Legal Unit Fax (252) 648-7463

Public Health Department — 3820-A Bridges Street • Morehead City, NC 28557
Tel (252) 728-8550 / Fax (252) 222-7739



Carteret County

AS400

Budget Amendment

Fiscal Year 2021-2022

Department: Social Services

Date: 9/28/2021

Justification: Social Services is requesting to accept Supplemental Chaffee funds (LINKS). These funds have been allocated by the State of North Carolina to provide a one-time supplemental to foster youth that aged out of Foster Care from our agency.

Fund	Description	Account Number	Increase
General Fund	Revenues		
	CO WELFARE ADMIN INTERIM	110.50.3531.300	35,000
	Total Increase in Revenues		<u>35,000</u>
General Fund	Expenditures		
	Independent Living (LINKS)	110.50.5350.68108	35,000
	Total Increase Expenditures		<u>35,000</u>

Approval Chairman, Board of Commissioners _____

Date:



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

SUSAN OSBORNE • Assistant Secretary for County Operations for
Human Services

September 17, 2021

DEAR COUNTY DIRECTORS OF SOCIAL SERVICES

**ATTENTION: DIRECTORS, CHILD WELFARE PROGRAM ADMINISTRATORS, MANAGERS,
SUPERVISORS, AND SOCIAL WORKERS**

SUBJECT: Time-Limited Flexibility for use of Supplemental Chafee (LINKS) Funding

REQUIRED ACTION: Immediate

The Consolidated Appropriations Act (Public Law 116-260) enacted on December 27, 2020, provides supplemental appropriations for the John H. Chafee Foster Care Program for Successful Transition to Adulthood and allows flexibility on the spending of those funds that expires on September 30, 2021.

Young adults who are or were in foster care have been in foster care have experienced job loss and other impacts of the pandemic and many of them have not benefited from prior COVID relief efforts, including stimulus checks. On September 10, 2021 NC DHHS, NC DSS sent a Dear County Director letter instructing counties to provide one-time unrestricted payments to this population of very vulnerable young adults.

All young adults who are at least 18 years old and are not yet 27 and were in foster care at age 14 or older are eligible. Assessment of financial need is not required, and no county match is required.

The amounts of one-time unrestricted payments per eligible young adult which may be made under this program are as follows:

- Eligible young adults 18-20--\$2,500.00
- Eligible young adults 21-26--\$5,000.00

Required Steps

As funding for these young adults expires September 30, 2021, specific steps must be followed to ensure funds are obligated and counties are reimbursed timely. County departments of social services must complete the following steps:

1. Conduct diligent efforts to identify, locate, and reach out to eligible young adults. Diligent efforts to conduct outreach means those efforts that are reasonably likely to identify, locate, and inform young adults of these payments for which they are eligible.
2. Create a financial obligation (check requisition, purchase request, etc.) for each eligible young adult located who will be receiving the one-time unrestricted payment by September 30th, 2021. This does not require counties to cut a check by September 30th, only to create the obligation.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES

LOCATION: 820 S. Boylan Avenue, McBryde Building, Raleigh, NC 27603

MAILING ADDRESS: 2409 Mail Service Center, Raleigh, NC 27699-2409

www.ncdhhs.gov • TEL: 919-527-6390 • FAX: 919-733-3052

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

3. Complete the attached DSS-5217a Request for Payment of Time-Limited Supplemental LINKS Funds.
4. Submit completed DSS-5217a and copies of each check requisition via email to linksreimbursement@dhhs.nc.gov. by September 30, 2021. These can be submitted at any time, they should not need to be held.

After the request forms are received NC DSS will submit to the DHHS Controller's Office for payment to counties. Counties will receive these payments through Electronic Funds Transfer (EFT). There is no 1571 reporting requirement for these funds.

These funds are capped, 100 percent federal funds with no county match required. Attached is a spreadsheet showing budgeted funds, per county. Counties will be reimbursed only up to their per-county budget amount. As counties are reviewing their situation, please communicate budget needs via the LINKS email so we may evaluate total funds availability and attempt to redirect funds as time allows.

If you have any questions, please contact LeAnn McKoy, Foster Care 18-21 Coordinator at leann.mckoy@dhhs.nc.gov or by phone at (919) 527-6375 or Shirley Williams, Special Programs Manager at shirley.williams@dhhs.nc.gov or by phone at (919) 527-6404. You may also contact your Regional Child Welfare Consultant.

Sincerely,

Carla McNeill

Carla McNeill, MSW
Section Chief for Permanency Planning
Division of Social Services, Child Welfare
North Carolina Department of Health and Human
Services

Cc: Susan Osborne, Assistant Secretary for County Operations
Richard Stegenga, Deputy Director, Business Operations
Lisa Tucker Cauley, Senior Director of Child, Family and Adult Services
Teresa Strom, Section Chief for County Operations
Kathy Stone, Section Chief for Child Protective Services and Prevention
Linda Waite, Section Chief for Licensing and Regulatory

Attachments:

- DSS-5217a Request for Payment of Time-Limited Supplemental LINKS Funds

CWS-37-2021

Carteret County Health Department Policy and Procedure		Page 1 of 2
Title: 2020-2021 Workforce Diversity Plan		
Date Originated:	3/19/2019	
Dates Reviewed:	3/19/2019, 3/2020, 8/2020, 9/2021	
Date(s) Revised:	3/2020, 8/2020, 9/2021	
Approved by:	Health Director	Date:
Approved by:	Carteret Co. Human Services Board	Date:

Carteret County Health Department
~~2020-2021~~ WORKFORCE DIVERSITY PLAN

In accordance with the CCHD Workforce Diversity Policy, the CCHD Management Team has reviewed and compared the demographics of the citizens of Carteret County to the demographics of the staff and Management Team of CCHD.

Source: US Census Bureau Quick Facts 2021~~0~~ Estimate Demographics

Carteret County

Total Population	69, 524 543
% Female	51
% Male	49

Race and Ethnicity

Carteret County

American Indian, Eskimo, Aleut	0. 33 6 %
Asian	1.- 17 3 %
Black or African American	5.348 %
Hawaiian/Pacific Islander	.062 2 %
White	89.9%
Multi-Race/Other	3.22-2 %
Hispanic Ethnicity	4.3%
Not of Hispanic Ethnicity	95.7%

Health Department Staff

Total Active Employees (~~8/19/2020~~9/2021**)** ~~596~~**1**

White	53	86.9 83.1 %
Black or African American	5	8.4 %
Hispanic Or Latino	3	4.9 6.7 %
<i>Multi-Race</i>	<i>1</i>	<i>1.8</i> %

Male	58 5	13.1 11.8 .5%
Female	543 3	86.88 88.9 1.5%

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Total Management Team Members

~~(3/2020)~~ (2021)

	7	
Male	12	16.67/14.3%
Female	65	83.33/85.7%

White	64	83.33/57.1%
Black or African American	1	16.67/14.3%
Hispanic Or Latino	0/1	0.00/14.3%
Multi-Race	1	14.3%

Strengths:

Sections within the health department closely mirror the race/ethnicity demographics of the county population.

Deficiencies:

A deficiency drawn from the comparison of demographics above suggests that the department recruit a larger male population in an effort to more closely mirror the demographics of the county.

Plan:

The Carteret County Health Department plans to promote public health careers in the following manner.

- Presentations may be conducted at the local high schools for the health occupations classes in order to increase awareness of public health career paths.
- Presentations may be conducted at the local college for students enrolled in medical and science studies to increase awareness of public health career paths.

Applications for employment do not include the applicants' age, sex, race/ethnicity.

Carteret County Health Department Policy and Procedure		Page 1 of 14	
Title: Eligibility, Billing, and Fee Collections Policy			
Date Originated:	03/2001		
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Date(s) Revised:	7/2006, 6/2009, 12/2009, 1/2011, 5/2011, 1/2012, 7/2012, 9/2012, 3/2015, 8/2015, 3/2016, 8/2016, 3/2017, 2/2018, 3/2019, 1/2020, <u>9/2021</u>		
Approved by:	Health Director		Date:
Approved by:	Carteret County Human Services Board		Date:

ELIGIBILITY, BILLING, AND FEE COLLECTIONS POLICY

Purpose

Public Health service is increasingly costly to provide. The Health Department serves the public interest best by assuring that all legally required public health services are furnished for all citizens and then providing as many recommended and requested public health services as it can for those citizens with the greatest need.

Definitions

Fees are a means to help distribute services to citizens of the county and help finance and extend public health resources as government funding cannot support the full cost of providing all requested services, in addition to required services. Fees are considered appropriate, in the sense that while the entire population benefits from the availability of subsidized public health services for those in need, it is the actual users of such services who gain benefits for themselves. State mandated programs ensure that priority for services is to persons from low-income families and ensures that the inability to pay is not a barrier to the receipt of services.

Policy

The purpose of this policy is to serve as an essential resource for Billing, Eligibility and Fee Collections instructions and guidelines. It provides accurate information to all current employees and a map for future employees on the following:

- A. NC GS 130-A-39
- B. NC Administrative Code
- C. Title X Regulations
- D. Women’s and Children’s Health Program Rules

The objective of this policy is to address requirements of state law and program rules for all components listed on the following index. Information can be referenced at a glance. To build collaborative efforts across all areas of Billing, Eligibility and Fee Collections.

This policy affects all programs that charge fees or have third party billing sources.

Carteret County Health Department Policy and Procedure		Page 2 of 14
Title: Eligibility, Billing, and Fee Collections Policy		
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Date(s) Revised:	7/2006, 6/2009, 12/2009, 1/2011, 5/2011, 1/2012, 7/2012, 9/2012, 3/2015, 8/2015, 3/2016, 8/2016, 3/2017, 2/2018, 3/2019, 1/2020, 9/2021	

Procedure

A. General

1. Fees for Health Department services are authorized under North Carolina 130A-39 (g), provided that 1) they are in accordance with a plan recommended by the Health Director and approved by the Consolidated Human Services Board and the County Commissioners, and 2) they are not otherwise prohibited by law.
2. Moneys generated through reimbursement will be maintained in an identifiable line item in the Health Department and the County Finance Office.
3. Fees are collected through various sources including but not limited to:
 - a. Medicaid
 - b. Medicare
 - c. Private insurance companies in which the Health Department has provider agreements
 - d. Client self payers
 - e. NC Debt Set-Off Program
 - f. NC Health Choice
 - g. Company Billing

B. Fee collection

1. Fees are expected to be remitted in full at the time the service is received. If a client is unable to pay their account balance in full at that time, the appropriate Health Department staff will have the client complete and sign the “Carteret County Health Department Payment Agreement Form”. A minimum payment of \$20.00 must be received monthly until the account is paid. An itemized receipt will be provided to individuals who remit payment at the time the service is received.
2. All third-party providers are billed where applicable.
3. Enrollment under Title XIX (Medicaid) shall be presumed to constitute full payment for the service.

C. No Mail Policy for Confidential Clients

1. When a client requests no mail, discussion of payment of outstanding debts shall occur at the time service is rendered.
2. If the client is unable to pay in full at the time of service rendered, a receipt will be issued for partial payment and the client will sign a payment agreement. Minimum payment requirement is \$20.00 per month.
3. The EHR Confidential flagging system is enabled and the patient is noted as “Confidential” in the CureMD banner. Discontinue Statement box is checked in the CureMD system to ensure monthly bills are not sent by mistake.

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4. Client is reminded every visit of the amount they still owe.
5. **NO LETTERS OR CORRESPONDENCE CONCERNING INSURANCE, PAST DUE ACCOUNTS, ETC. WILL BE SENT TO ANY PATIENT THAT REQUEST NO MAIL.**

D. Financial Eligibility Guidelines

1. Client fees are assessed according to the rules and regulations of each program. Where applicable, the Health Department converts fees to a sliding scale based on the most current recommended Federal Poverty Scale.
2. The sliding fee scale reflects 101% to 250% of poverty with the exception of the Adult Health program which reflects 100% to 350% of poverty.
3. Information regarding a client's income and family size will be documented on the EHR Family Household Income tab. Documentation of income shall be required. The client's income and family size will be updated annually (a new Declaration of Income will be generated and placed in the consents tab of the EHR) unless there has been a change since the last visit.
4. The health department is not a participating provider for all insurances but, if a patient has any form of third-party reimbursement other than Medicaid, the patient is still given the option to have their insurance billed pending a denial, at which time their balance will be assessed according to their sliding fee scale, unless confidentiality is a barrier. Medicaid can be billed regardless of confidentiality. Client will not receive an "Explanation of Benefits" from Medicaid in the mail.
5. Clients are not charged more in co-payments, deductibles, or other fees than they should pay according to the sliding fee scale.
6. Medicaid will be billed as the payer of last resort.
7. Persons requesting program services are not required to apply for Medicaid.
8. Carteret County Health Department has the right to require "proof of income" when determining eligibility for all programs, with the exception of Communicable Disease programs and state immunizations.
9. Income information reported for Family Planning financial eligibility screening can be used through other programs offered in the agency.
10. The Carteret County Health Department has the right to verify income information, however, the client must read, understand, and sign the income statement in regards to checking their income information.

E. Determining Gross Income

1. **Gross income** is the total of all cash income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc.

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For self-employed applicants (both farm and non-farm) this means net income after business expenses. Gross income does not include money earned by children for baby-sitting, lawn mowing, and other tasks. In general gross income includes:

- a. Salaries, wages, commissions, fees, tips
- b. Overtime pay
- c. Earnings from self-employment
- d. Earnings from stocks, bonds, savings account interest, rentals, and other investment income
- e. Public assistance moneys
- f. Unemployment compensation
- g. Alimony and child support payments (Exception: Family Planning cannot include Child Support as income)
- h. Military allotments including re-enlistment bonuses, jump pay, uniform allowance, and cash allowances such as Family Subsistence Supplemental Allowances (FSSA)
- i. Social Security benefits
- j. Veterans Administration benefits
- k. Supplementary Security Income (SSI) benefits
- l. Retirement and pension payments
- m. Workers compensation
- n. Student grants/stipends paid to the student for living expenses
- o. Christmas bonuses, prize winnings
- p. Regular contributions from individuals not living in the household
- q. All other sources of cash income except those specifically excluded

2. **Exceptions** Gross income does not include non-cash income or payments/benefits from federal programs/acts including:
 - a. Military housing benefits (on base or off base)
 - b. Value of in-kind benefits
 - c. Reimbursement from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
 - d. Payments to volunteers under Title I (VISTA) and Title II (RSVP, foster grandparents, and others) of the Domestic Volunteer Service Act of 1973
 - e. Payments received under the Job Training Partnership Act
 - f. Payments under the Low Income Energy Assistance Act
 - g. Student financial assistance received from any program funded in whole or part under Title IV

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- h. Value of any child care payments made under section 402(g)(1)(E) Social Security Act
- i. Value of any child care provided or paid for under the Child Care and Development Block Grant Act
- j. The value of assistance to children or families under the National School Lunch Act, the Child Nutrition Act of 1966 and the Food Stamp Act of 1977

F. Computation of Income

1. Gross family income is computed by adding money earned by family members during the appropriate 12-month period.
 - a. The **REGULAR INCOME FORMULA** is applied when wage earners were continuously employed during the previous 12 months.
 - b. Income from the previous 12 months is calculated based on the applicant's date of signature or the first date of program covered service, whichever is earlier. If the requested date of service precedes the date of signature, income should reflect the adjusted time frame and an explanation to that effect made.
2. The **UNEMPLOYMENT INCOME FORMULA** is applied when wage earners are unemployed at the time of application or have been unemployed for at least 30 consecutive days during the previous 12 months:
 - a. **ADD:** Actual income earned during previous six months
Projected income for future six months
 - b. If the requested date of service precedes the date of signature, employment status is determined based on the date of service and the applicant's work history during the preceding 12 months.
 - c. When the **UNEMPLOYMENT INCOME FORMULA** is used, two employer/income entries are required for each unemployed wage earner. Both earned and projected incomes must be recorded. The interviewer must indicate why the formula was used and the dates of unemployment.
 - d. Gross income is calculated as follows:
 - 1) Weekly = pay X 52
 - 2) Biweekly = pay X 26
 - 3) Twice a month = pay X 24
 - 4) Monthly = pay X 12

3. Zero Income

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- a. If the client reports zero or very little income, the client must include an explanation of what the family is actually living on. Notation must be made under Sources of Income.
- b. A statement of zero income is acceptable only when the client lives on income from sources not included above.

G. Documentation of Income

- 1. Documentation of earned income is required for all clinical services with the exception of Immunizations (state supplied), STD, HIV and TB Control.
- 2. Acceptable forms of documentation include the following:
 - a. Pay check stubs. (USE CLIENT’S GROSS INCOME.)
 - b. W-2 forms. (USE CLIENT’S GROSS INCOME.)
 - c. Income tax returns and attachments for the most recent calendar year. (USE CLIENT’S GROSS INCOME.)

No client will be refused services when presenting for care based on lack of documentation, however each client will be billed at 100% until proof of income and family size is provided to the agency. The client will have 30 days from the date of service to present this documentation in order to convert the previous 100% charge to a sliding fee. If no documentation is produced within 30 days then the charge stands at 100% for that visit. When a client does not present with proof of income they will be given documentation that reflects the 30-day deadline and also various means to forward the income information to the agency.

H. Determining Family Size

- 1. **A family** is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related. An economic unit must have its own source of income. Also, groups of individuals living in the same house with other individuals may be considered a separate economic unit if each group support only their unit. The unborn child shall be counted as one in the household.

Examples:

- a. A foster child assigned by DSS is a family of one with income considered to be paid to the foster parent for support of the child.

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A foster child cannot confer adjunct income eligibility on family members.

- b. A student maintaining a separate residence and receiving most of her/his support from her/his parents or guardians may be counted as a dependent of the family. A self-supporting student maintaining a separate residence would be a separate economic unit.
- c. An individual or family in an institution is considered a separate economic unit.

ANYONE THAT REQUEST CONFIDENTIAL SERVICES, REGARDLESS OF AGE, SHOULD BE CONSIDERED A FAMILY UNIT OF ONE AND BILLED ACCORDINGLY TO THEIR INCOME.

- 2. Income verification will take place at the initial visit and every twelve months for returning clients. Following the initial financial eligibility determination, the client will be asked if there has been a change in their financial status at each subsequent visit.

I. Eligibility

Everyone is eligible for services through the Carteret County Health Department, regardless of their ability to pay.

1. Adult Health Program

Provides yearly physicals, complete physicals for adults presenting with employment, college and foster forms, problem visit assessments/treatment for adults. Patients may be referred out to another provider at the discretion of the FNP.

Sliding Fee Scale to 20% for Office Visit and In-House Labs. Outside labs are a flat rate for Self-Pay patients signified by an LW designation in the EHR. Self-Pay, Medicaid, and Insurance. No residency requirement.

Breast and Cervical Cancer Control Program (BCCCP) (under Adult Health Program)

Provides pap smears, breast exams and screening mammograms free of charge, assists women with abnormal breast examinations/mammograms, or abnormal cervical screenings to obtain additional diagnostic examinations. There is no additional charge for an office visit for this program.

Eligibility: Carteret County resident; determined by income; target group is women 50 to 64 years of age for breast cancer and women 18 to 64 for cervical cancer.

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~~2. Child Health~~

~~Child Health preventative services are provided to children birth to age 21. This includes well child visits and school health assessments. If a problem is found during the well child assessment, the child will be seen/treated by the FNP and then referred to their medical home for follow-up. If the child does not have a medical home, the FNP will see the child for the follow-up and at that time the parent will be reminded to use the resource list to establish a medical home.~~

~~Primary Care services are referred out to the child's Medical Home. In the event a child presents for sick or primary care, a resource list of providers will be given to the parent. Post-partum and Newborn assessments, in the home, are also offered through Child Health to Medicaid eligible moms and newborns.~~

~~Eligibility: No residency requirements, Medicaid Eligible, Private Insurance and Self-pay.~~

3. Communicable Disease Control

Deals with the investigation and follow-up of all reportable communicable diseases. Testing, diagnosis, treatment, and referring as appropriate, of a variety of sexually transmitted diseases. Provides follow-up and treatment of TB cases and their contacts.

Eligibility: No resident requirements. Medicaid can be billed, insurance with clients' permission, no fees charged for these services as stated in Program Rules

4. Care Coordination for Children (CC4C)

Case management assists families in identification of and access to services for children with special needs that will allow them the maximum opportunity to reach their development potential.

Eligibility: Carteret County children who have any risk criteria or an identified developmental delay, disability, chronic illness; birth to 5 years of age.

5. Dental Health

Mobile Dental Clinic provides dental services to low-income citizens between the ages of 0-20 that are enrolled in NC Medicaid or Health Choice programs. The Mobile Dental Clinic also sees women that are currently on Pregnancy Medicaid.

Eligibility: Children and Pregnant Women who are enrolled in NC Medicaid or Health Choice. (There are few cases in which citizens that do not have insurance are seen without any payment received for services.)

6. Family Planning or Women's Health Services

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Clinic designed to assist women in planning their childbearing schedule; detailed history, lab work, physical exam, counseling and education.

Eligibility: Women of childbearing age regardless of residency; sliding fee scale, Medicaid, Insurance.

7. General Services

Provides pregnancy test; TB skin tests (unless due to known tuberculosis contact); blood tests for employment; etc.

Eligibility: No residency requirement; flat rates

8. Maternal Health

Prenatal care for eligible pregnant women. The unborn child shall be counted as one in the household.

Eligibility: Carteret County residents. Sliding fee scale; Medicaid or potentially Medicaid eligible. Clients are screened to determine Presumptive Eligibility for Medicaid. Clients ineligible for Presumptive Medicaid will be charged on a sliding fee scale.

9. Pregnancy Care Management (PCM)

Care Management services are provided for pregnant women who have priority risk factors specified by program guidelines. The Pregnancy Care Manager assists pregnant women in receiving needed prenatal care and to access resources to improve birth outcomes.

Eligibility: Carteret County resident who are Medicaid or potentially Medicaid eligible

10. Women, Infants, and Children Nutrition Program (WIC)

Supplemental nutrition and education program to provide specific nutritional foods and education services to improve health status of target groups.

Eligibility: WIC is available to pregnant, breastfeeding, and postpartum women, infants, and children up to age 5 who meet the follow criteria: (1) be at medical and/or nutritional risk; (2) have a family income less than 185% of the US Federal Poverty Level; Medicaid, AFDC, or food stamps automatically meet the income eligibility requirement.

11. Immunizations

Provide immunizations to adults and children (infants through 18 years of age) for the prevention of life threatening communicable diseases (e.g. polio, hepatitis, measles, etc.). Other vaccinations (e.g. flu shots, pneumonia, etc.) given to reduce the risk of life threatening illnesses.

Eligibility: No residency requirement; Medicaid, Medicare (filed for flu or pneumonia vaccinations only). Flat fees or no fees vary depending on

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immunizations given. Designated state guidelines are used to determine whether state provided or purchased vaccines are to be dispensed.

There is no charge to clients for any vaccine that is purchased by the State.

- J. There shall be no minimum fee requirement or surcharge that is indiscriminately applied to all clients.
- K. No client fees shall be assessed when income falls below 100% of Federal Poverty Guidelines
- L. There shall be a consistent applied method of “aging” accounts. (see Bad Debt Write Off)
- M. No one shall be denied services based solely on the inability to pay.
- N. A student maintaining a separate residence and receiving most of her/his support from her/his parents or guardians may be counted as a dependent of the family. Self-supporting students maintaining a separate residence would be a separate economic unit.
- O. Agency may use reported income through other programs offered rather than re-verify income.
- P. Family Planning patients will not be denied services because they have a delinquent account nor do they have to meet with the Health Director to discuss their delinquent account.
- Q. If Family Planning patient’s income exceeds 250% of the federal poverty guidelines, fees shall be assessed at 100% on the sliding fee scale.
- R. Agency protects client identity when submitting statistical and summary data for Family Planning or other clients. This is included in the agency’s Confidentiality and Security of Medical Records policy.
- S. Clients presenting with third party health insurance coverage where copayments/deductibles are required shall be subject to collection of the required copayment/deductible at the time of service. For Family Planning (Title X) clients the copay may not exceed the amount they would have paid for services based on the sliding fee scale.
- T. Will directly provide bills to patients who are responsible for paying any fee for their service. In cases where third party is responsible, bills must be submitted to that party. Bills to third parties must show total charges without applying any discount. Individuals responsible for their own bill must receive a receipt showing the total charges less any allowable discounts.

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- U. For persons whose income exceeds 250% of the federal poverty level, charges must be made in accordance with a schedule of fees designed to recover the reusable cost of providing services.
- V. Donations are accepted on a voluntary basis only. There is no schedule of donations, bills for donations, or any other implied coercion for donations.
- W. The Health Director has the right to waive fees for individuals who, for good cause, are unable to pay. The Eligibility staff will contact the Administrative Services Supervisor regarding patients who present with sound reason for inability to pay. The Administrative Services Supervisor will bring it to the attention of the Health Director for resolution. Once a decision is made, the Health Director will notify the Administrative Services Supervisor and she will relay the decision to the Eligibility staff. Notes will be entered in the EHR.
- X. **Billing/Reimbursement Procedures**
 1. Specific methods used in seeking reimbursement will be through third-party coverage, including Medicaid, Medicare (filed for flu and pneumonia vaccinations only), private insurance, and individual patient pay.
 2. Statements will be mailed at least bi-annually. Discussion of balances will be initiated when an appointment is made and also at the time of the patient's service.
 3. Carteret County Health Department also utilizes the NC Debt Set-Off Program as an additional means of seeking payment on past due accounts.
 4. The agency will adhere to billing procedures, as specified by Program/State regulations in seeking reimbursement for services provided.
 5. To eliminate excessive denials and write-offs any non-covered Medicaid services may be entered as "no charge"
 6. Carteret County Health Department has a contract with RCM to monitor billing and work denials. Problem lists are initiated between RCM and the lead biller. This is to ensure that any billing issues are corrected timely and pertinent billing information is shared with relevant staff.
 7. *Denials are researched using the Remittance Advice (RA) for Medicaid and Explanation of Benefits' for private insurance. Any denials deemed incorrect are resubmitted as quickly as possible. Any remittance or final denial is posted to the client's account. Remaining balance for Medicaid clients are adjusted off. (unless it was for a non-covered service that the client was made aware of prior to the service being rendered.)*
 8. *County Health Department bills Medicaid the acquisition cost of medication or devices purchased through the 340B drug program. All 340B drugs and devices are identified with a UD modifier in the CureMD*

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billing system. 340B drugs and devices are billed to Medicaid with an FP and UD modifier. The appropriate NDC code must also be included. Drugs and devices purchased through the 340B program are labeled as 340B and stored separately from other medications and supplies.

Y. Setting Fees

1. In accordance with North Carolina General Statute 130-A-39(g), which allows local health departments to implement a fee for services rendered, the CCHD, with the approval of the Carteret County Consolidated Human Service Board, shall implement specific fees for services and items and seek reimbursement from appropriate sources.
2. Considerations made in setting fees shall include the cost of providing the services rendered and third-party coverage/reimbursement, including Medicaid, private insurance, and individual patient pay. A single fee will be established for each service.
3. The CCHD Fees/Billing Committee meetings shall be held as needed to determine the cost of providing services and to establish fees and codes. This committee consists of the Business Officer, Administrative Manager, Nursing Supervisor and the Billing Supervisor. The following procedures are followed for items discussed during meetings:
 - a. The Nursing Supervisor and Billing Supervisor must bring to the attention of this committee any changes in costs for existing services or projected costs of new services.
 - b. The Administrative Manager notifies the Nursing Supervisor of any changes in reimbursement for services from third-party payers, or projected reimbursements for new services.
 - c. The Billing Supervisor notifies the Administrative Manager of any changes in reimbursement for vaccines or medical supplies that are billable to patients or third party payers.
 - d. Changes in cost, changes in reimbursement, and new services/items are added to the meeting agenda to be reviewed for recommendations.
 - e. Factors / Data or Methodology used to determine cost such as:
 - Third party reimbursement,
 - Cost to CCHD to provide the service,
 - Medicaid Cost Analysis results
 - Community and Financial impact

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- f. The “Office of Medicaid Reimbursement” issues their reimbursement rates, usually in January of each year. This is a determining factor, when comparing to other third parties.
- g. Once the Fees/Billing committee has determined recommendations for implementation of new or changed fees and codes, the Administrative Manager submits the items on the Carteret County’s Annual Fee Spreadsheet to the Business Officer and Health Director for review.
- h. Fees are presented to the Carteret County Human Services Board (CHS) for approval during the annual budget approval process. Commissioners review and approve the fee schedule when they approve the annual budget. If fees are changed outside the regular budget approval process, revisions to fees that require CHS Board approval are presented at the next CHS Board meeting. If approved by the CHS Board, fees requiring Board of Commissioners approval are presented at the next available Commissioners’ meeting. Once approval has been received, the appropriate fees are implemented and maintained with CCHD Fee Policy. The appropriate Carteret County Consolidated Human Service Board’s approval will be reflected in their respective minutes.

IN EXTREME AND/OR UNUSUAL CIRCUMSTANCES, THE HEALTH DIRECTOR OR DESIGNEE, IN CONSULTATION WITH STAFF IS AUTHORIZED TO MAKE EXCEPTIONS TO THIS POLICY.

- L. Attachments
 - 1. Carteret County Health Department Payment Agreement

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Approved by:	Health Director		Date:
Approved by:	CC CHS Board		Date:

PROBATIONARY STATUS POLICY

Purpose:

The purpose of this policy is to establish the guidelines regarding the probationary status of employees. This policy applies to all full-time and part-time employees of the Carteret County Health Department.

Policy:

Individuals receiving original appointments to permanent positions must serve a probationary period. This period is an essential extension of the selection process and provides the time for effective adjustment of the new employee or elimination of those whose performance will not meet acceptable standards.

Any employee transferring from any other local or state government agency into a Carteret County Health Department position will be required to fulfill a probationary period as outlined below.

Former employees of the Carteret County Health Department who are rehired will be required to fill a probationary period as outlined below.

A probationary period may not be required when an employee with a permanent appointment who has already successfully fulfilled a probationary period has any of the following changes:

- Transfer,
- Demotion,
- Reinstatement after leave of absence

The length of the probationary period shall not be less than six nor more than nine months of either full-time or part-time employment from the actual date of employment.

Exception: Carteret County Personnel Policy dictates that Department Heads must serve a twelve-month probationary period.

Exception: Absences of five consecutive workdays or longer may pause the probationary period. Absences include, but are not limited to, periods of illness, temporary layoff, disability and workers' compensation. Upon a staff member's return to work from the absence, the probationary period will re-commence. The supervisor

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should establish a new end date for the probationary period and inform the staff member. The new end date should reflect the balance of time that was remaining in the probationary period as of the date that it was paused. Full-time employees serving a probationary period following initial employment may accumulate vacation leave but shall not be permitted to take vacation leave during the *initial three months of the probationary period unless expressly permitted by the County Manager prior to the employee's start date.*

The conditions of the probationary appointment shall be clearly conveyed to the applicant prior to appointment. During the probationary period, the supervisor shall work closely with the employee in counseling and assisting the employee to achieve a satisfactory performance level. Progress of the employee shall be reviewed during discussions between the employee and the supervisor.

The length of the probationary period is dependant upon the complexity of the position and the rapidity of progress made by the particular individual in the position. During the initial six months of employment, the new employee should receive an on-the-job orientation relative to the work environment and job expectations so that he or she can begin fulfilling job duties on a regular basis. The supervisor should monitor the new employee's performance in the job and take appropriate action as necessary to make sure that expectations are being met, such as providing on-going feedback to the new employee regarding his or her performance relative to job expectations.

Prior to or at the completion of an employee's initial six months probationary period, the supervisor will hold a counseling session with the employee which includes a performance appraisal, using the Probationary Employee Performance Evaluation form. A copy of the appraisal will be submitted to the Health Director with a recommendation from the supervisor to 1) to make probationary employee permanent; 2) to extend the probationary employee's probationary period an additional three months; **OR** 3) terminate the probationary employee's employment. The appraisal will be placed in the employee's official permanent CCHD personnel file.

Following the probationary period when the supervisor, in consultation with other appropriate administrators, determines that the employee's performance indicates capability to become a satisfactory performer and merits retention in the position, the employee shall be given a permanent appointment to the class.

If, after the initial six month probationary period, the supervisor feels that the employee's performance does not merit retention in the position, but does not merit termination, the employee's probationary period may be extended an additional three months. If the

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employee's probationary period is extended for an additional three months, counseling sessions will be held between the supervisor and the employee during this extended probationary period. At the conclusion of this extended probationary period, the employee will be re-evaluated, using the Probationary Employee Performance Evaluation form, and his or her employment either will be terminated or will be continued based on performance.

If the determination is that the employee's performance indicates that the employee is not suited for the position and cannot be expected to meet acceptable standards, or for other causes related to performance of duties or personal conduct detrimental to the agency, it is expected that the employee will be separated from that position.

When the employee's performance meets the required standard of work, after at least six months and not more than nine months in the position, the employee shall be given permanent status.

An employee may be dismissed at any time during the probationary period if the supervisor and Health Director determine the employee is not satisfactorily performing their assigned duties or for personal conduct detrimental to the department without right of appeal or hearing. The employee must be given notice of dismissal, including reasons.